



# The Village Medical Centre

## Patient Participation Group Friday 16<sup>th</sup> February 2024

### Notes of Meeting

Location:	Village Medical Centre
Date :	Friday 16 <sup>th</sup> February
Time:	16.00 pm
Attendees:	Steve Howe (Chair), Claire Bruce, Jessie Hughes, Julia Codling, John Codling, Gerard Fenlon, Alan Courtenay, Barbara Carrington, Jan Lambeth
Visitors:	

Topic	Owner
<p><b>Apologies</b></p> <p>Dr Stokes, Su Winter</p>	
<p><b>2. Matters Arising from last meeting</b></p> <p><b>None</b></p>	
<p><b>3. Update from Practice</b></p> <p>Dr Stokes has provided the following update for the meeting.</p> <p><b>New Staff</b> – Dr Stephen Brownlee joined us in November as a GP Trainee. He will be with us until May 2025 so quite a long time. Our new practice nurse, Jane Meakin, started recently. She is an experienced practice nurse joining us from a local practice. She is proficient in all practice nurse skills and chronic disease management and will also provide some mentorship/leadership within our nursing team. Jenna Davies has joined the practice on a temporary basis as a Mental Health Practitioner. We have been able to employ her due to a small underspend in the PCN budget but this will only last until 31st March hence she is only with us for a short period but will help to manage backlog of mental health reviews and also in seeing patients with new presentations of low level mental health issues. Dr Milligan will be going off on Maternity Leave in March and her post will be covered by Dr Sam Newton, who many patients will know as he was with us for a year as a trainee in 2020/21.</p> <p><b>Telephone System</b> – we are hoping to have a new Telephone system installed in the Spring – still waiting for a date to be confirmed. This should resolve some of the current issues with the telephone system and will include a ‘call back’ feature whereby patients can choose to wait in a virtual queue and have a call back when they reach the front of the queue rather than holding on the phone. Hopefully ‘dropped’ calls will reduce/stop and it will be much easier for us to monitor what is happening on the phones system and manage demand – well that’s what we have been promised anyway!! There won’t be any change in telephone number.</p>	

<p>Alan was able to add some more information on the telephone system. BT had accepted our case that its system had not performed so no exit costs. There was also some NHS funding secured to help pay for the new system.</p>	
<p><b>4. Wallasey Wellbeing Update</b> See report sent out with the Agenda</p> <p>The group discussed the update note supplied with the Agenda and could see the logic of co-operating with the Morton and Meols PCN. The group hoped that the recruitment process for the vacant posts would be completed soon so that the Additional Roles services could start performing as before.</p> <p>Alan said he had a good feeling about the new proposals and although the PCN funds had been impacted in the short term the Board was happy with the anticipated finances for next year. However he did point out that the government/NHS had not yet announced the GP/PCN budgets for next year which was frustrating as it was only 6 weeks to the 1<sup>st</sup> April.</p>	
<p><b>5. Heart Foundation Gym – Jan Lambeth to introduce</b> Jan was very supportive of this Gym which is designed to support people who have any sort of heart condition or people with diabetes. She circulated a note giving details of the Gym which will be circulated with these Notes.</p>	
<p><b>6. Referral to Health Coaches and delays in appointments – Gerard Fenlon to introduce</b> Gerard took the group through a specific case where a patient was told that a referral to a Health Coach was the best way forward for their illness. Unfortunately no appointment had been received and many weeks had passed. This had been very distressing for the patient.</p> <p>Following the update on the Primary care network Gerard now understood that the resignations in the Health Coach team was the main cause of the delays. However he felt that a referral should not have been made by the doctor if they knew that an appointment would be delayed for some weeks. Alan agreed to look into the specific case after the meeting.</p>	
<p><b>7. Physician Associate – Use in the Practice and Primary Care Network</b></p> <p>Dr Stokes had supplied some information for the meeting:</p> <p><b>Physicians Associates</b> – this is a relatively new role that has been developed to help delivery of primary and secondary care. They undergo a general training but then have further training in the area in which they are working. In primary care they can generally see a variety of acute presentations, take a history and examine patients and organise baseline investigations, usually after discussion with a GP. They are not able to prescribe for patients and would not undertake onward referral. There has been a lot of discussion about their role and it's limitations in the press recently. My personal view is that they can be helpful in primary care as long as the correct patients are chosen for them to see and that they have adequate supervision. We don't have any working for our practice although the PCN has employed a PA who undertakes some of the care home work predominantly.</p> <p>Barbara supplied some information from the South of England where doctors had</p>	

<p>been made redundant and partly replaced with Physicians Associates. She was concerned with this approach and wanted to make the point that Physicians Associates were not doctors and should not be treated as such.</p> <p>Steve thought that the note from Dr Stokes made it clear how this Practice and the Primary Care Network treat Physicians Associates and they could be useful in specific roles such as visiting care homes.</p>	
<p><b>8. Use of Pharmacists to prescribe drugs for minor illnesses</b></p> <p>The Pharmacy First initiative had been in the press recently and Steve understood that the majority of the Pharmacies on the Wirral had signed up to take part. It only covered minor illnesses such as Sore Throat, Sinusitis, Shingles and Infected Insect Bites.</p> <p>The group could see the benefit of this initiative but expressed concerns where a pharmacy only had one qualified Pharmacist and where other patients would have to wait if a consultation was going on.</p>	
<p><b>9. Any Other Business</b></p> <p><b>Jan</b> raised a question regarding her NHS App and that she could not see all her medical records. Alan mentioned that a big update had happened towards the end of last year so it should be available. He agreed to discuss with Jan outside of the meeting.</p> <p><b>Gerard</b> mentioned that the Practice Website needed updating especially in the News areas. He gave an example that the News section was still saying that the extension to the premises was underway notwithstanding it was completed some months ago. Alan agreed to look into this.</p> <p><b>Gerard</b> also asked whether the Practice had a policy regarding requests from patients for a PSA test even though they did not have any immediate signs of Prostate Cancer. Alan did not think there was a policy and each case would be treated on its merits. However he would raised this at a doctors meeting.</p> <p><b>Doctors attendance at future meetings.</b></p> <p>The group was very appreciative that Alan attended all the Patient Group meetings but felt that it would be good to have a doctor attend occasionally to give a clinical insight into the discussions. The group accepted that the day and time of those meeting would have to be organised to suit the doctors but would be happy with this. Alan would discuss this with the doctors on one of his regular meeting with them.</p>	
<p><b>Date of next meeting – May 2024</b></p> <p><b>Friday 17<sup>th</sup> May at 4pm</b></p>	